



AWARD APPLICATION

Nominee for (check one):

Teacher of the Year:

☐ Elementary ☐ Middle School ☐ High School ☐ Health Educator

☐ Honor Award ☐ Distinguished Service ☐ Above & Beyond ☐ Honorary Lifetime Membership

☐ Wellness ☐ Striving for Excellence

Nominee's Name: _____

MAHPERD Member: ☐ Yes ☐ No AAHPERD Member: ☐ Yes ☐ No

Present Position: _____

Principal: _____ Superintendent: _____

Professional Address: _____ City _____ ZIP _____

Business Phone: _____ Home Phone: _____

E-Mail: _____

(Please fill out all that is applicable)

<u>1. Education</u>	<u>Institution</u>	<u>Degree</u>	<u>Date</u>
---------------------	--------------------	---------------	-------------

2. Professional Experience:

<u>Position</u>	<u>Professional Address</u>	<u>Dates</u>
-----------------	-----------------------------	--------------

3. Contributions to local school system:

4. Contributions to the community:

Contributions to the profession:

- a. State offices held:
- b. NW District office(s) held:
- c. National office(s) held:
- d. Professional achievements:
- e. Publications & presentations:

6. Summary statement of other supportive information and qualifications: (please type)

Submitted by: _____
Address: _____
City: _____ ZIP: _____
Date: _____

Home Phone: _____
Work Phone: _____
E-Mail: _____

Return to: MT AHPERD Awards
c/o Nancy Colton
9081 Cayuse Trail
Bozeman, MT 59715